


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N03000006227	
<b>1. Entity Name</b> HUMAN ADJUVANT DISEASE CORP.	

<b>Principal Place of Business</b> 808 LINDSEY PLACE LAKE WALES, FL 33853	<b>Mailing Address</b> 808 LINDSEY PLACE LAKE WALES, FL 33853
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02092005 No Chg-NP CR2E037 (10/03)

<b>4. FEI Number</b> 20-0112368	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  JONES, PAMELA J M.D. 808 LINDSEY PLACE LAKE WALES, FL 33853	DO NOT WRITE IN THIS SPACE
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**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relistings) **DATE** \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b>	C
<b>NAME</b>	JONES, MD, PAMELA
<b>STREET ADDRESS</b>	808 LINDSEY PLACE
<b>CITY-ST-ZIP</b>	LAKE WALES, FL 33853
<b>TITLE</b>	VC
<b>NAME</b>	KOLB, SUSAN M.D.
<b>STREET ADDRESS</b>	4370 GEORGETOWN SQ
<b>CITY-ST-ZIP</b>	ATLANTA, GA 30338
<b>TITLE</b>	CFO
<b>NAME</b>	YATES, KEVIN D MBA
<b>STREET ADDRESS</b>	220 WYANDOTTE ST.
<b>CITY-ST-ZIP</b>	LANCASTER, OH 43130
<b>TITLE</b>	CEO
<b>NAME</b>	JONES, PAMELA J M.D.
<b>STREET ADDRESS</b>	808 LINDSEY PLACE
<b>CITY-ST-ZIP</b>	LAKE WALES, FL 33853
<b>TITLE</b>	SEC
<b>NAME</b>	MCFEETERS, LEROY
<b>STREET ADDRESS</b>	1207 MEADOWS DR. #24
<b>CITY-ST-ZIP</b>	LAKE CHARLES, LA 70611
<b>TITLE</b>	D
<b>NAME</b>	APANTAKU, FRANK M.D.
<b>STREET ADDRESS</b>	2222 W. DIVISION ST.
<b>CITY-ST-ZIP</b>	CHICAGO, IL 60622

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05/04/05-80124-023 70.00

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**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Pamela Jones April 25, 2005 863-679-5399  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #